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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) | Attorney Docket No.                      | 965-3                         |
|   | First Inventor or Application Identifier | Thomson Alexander             |
|   | Title                                    | ACCESS OPENING CLOSURE DEVICE |
|   | Express Mail Label No.                   | EL76522270US                  |

|  |   |
|--|---|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  | <b>ADDRESS TO:</b> Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231   |
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)   | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)  |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 10]<br>(preferred arrangement set forth below)<br>- Descriptive title of the Invention<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to Microfiche Appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure                                       | 6. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Copy<br>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br>c. <input type="checkbox"/> Statement verifying identity of above copies  |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5]<br>4. Oath or Declaration [Total Pages ]<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br>(for continuation/divisional with Box 16 completed)<br>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting<br>inventor(s) named in the prior application,<br>see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | <b>ACCOMPANYING APPLICATION PARTS</b><br>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney<br>(when there is an assignee) <input type="checkbox"/> Attorney<br>9. <input type="checkbox"/> English Translation Document (if applicable)<br>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>11. <input type="checkbox"/> Preliminary Amendment<br>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)<br>13. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application,<br>(PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired<br>14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)<br>15. <input type="checkbox"/> Other: |

\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label \_\_\_\_\_ or ☒ Correspondence address below

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|         |  |           |                |          |                |
|---------|--|-----------|----------------|----------|----------------|
| Name    | Christopher G. Trainor                         |           |                |          |                |
| Address | Dilworth & Barrese<br>333 Earle Ovington Blvd. |           |                |          |                |
| City    | Uniondale                                      | State     | NY             | Zip Code | 11553          |
| Country | U.S.   | Telephone | (516) 228-8484 | Fax      | (516) 228-8516 |

|                   |                        |                                   |               |
|-------------------|------------------------|-----------------------------------|---------------|
| Name (Print/Type) | Christopher G. Trainor | Registration No. (Attorney/Agent) | 39,517        |
| Signature         | Christopher G. Trainor | Date                              | Feb. 12, 2001 |

CERTIFICATION UNDER 37 C.F.R. § 1.10 I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL76522270US addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Dated: February 12, 2001

Christopher G. Trainor

|   |                   |   |  |                    |  |             |                   |                      |                   |               |  |                  |  |                     |       |
|---|-------------------|---|--|--------------------|--|-------------|-------------------|----------------------|-------------------|---------------|--|------------------|--|---------------------|-------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 1999</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.<br/>Small Entity payments <u>must</u> be supported by a small entity statement,<br/>otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</p> |                   | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td>February 12, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Thomson Alexander</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>965-3</td> </tr> </table> |  | Application Number |  | Filing Date | February 12, 2001 | First Named Inventor | Thomson Alexander | Examiner Name |  | Group / Art Unit |  | Attorney Docket No. | 965-3 |
| Application Number  |                   |   |  |                    |  |             |                   |                      |                   |               |  |                  |  |                     |       |
| Filing Date   | February 12, 2001 |   |  |                    |  |             |                   |                      |                   |               |  |                  |  |                     |       |
| First Named Inventor  | Thomson Alexander |   |  |                    |  |             |                   |                      |                   |               |  |                  |  |                     |       |
| Examiner Name   |                   |   |  |                    |  |             |                   |                      |                   |               |  |                  |  |                     |       |
| Group / Art Unit  |                   |   |  |                    |  |             |                   |                      |                   |               |  |                  |  |                     |       |
| Attorney Docket No.   | 965-3             |   |  |                    |  |             |                   |                      |                   |               |  |                  |  |                     |       |
| TOTAL AMOUNT OF PAYMENT (\$)  |                   | 355.00  |  |                    |  |             |                   |                      |                   |               |  |                  |  |                     |       |

| METHOD OF PAYMENT (check one)   | FEE CALCULATION (continued)  |                            |        |                                  |                            |                            |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
|---|--|----------------------------|--------|----------------------------------|----------------------------|----------------------------|--|-----------------|-----------------|-----------------|----------|-----|-----|-----|----|--|--|--------------------|-------------------------------------|-----|-----|-----|-----|----|--|--|-------------------|---|-----|-----|-----|-----|-----|--|--|------------------|---------------------------|-----|-----|-------|-----|-------|--|--|--------------------|--|-----|-----|------|-----|------|--|--|------------------------|--|-------------------|-----|--------|-----|--------|--|--|--|---|--------------|-----|--------------|-----|----------------|--|----------|--|--|---------|-----|-----|-----|-----|-----|--|---|---|--|-----|------|-----|-----|--|--------------------|--|--|--|-------|-------|-----|-----|----------------------------|--|--|---|----------------------------|-----|-------|-----|-----------------|-----|----|-----|--|--|-----|-----|------------------------|-----|----|-----|----|------------------|--|-----|-----------------------------------|-----|-----|-----|-----|--|--|--|---------------------------------------|-----|-----|-----|----|--|--|--------------------------|--|-----|-------|-----|-------|--|--|--|--|-------------------|-----|-----|-----|------|--|--|--|--|----------------------------|-----|-------|-----|----------------------------|--|--|--|------------------------------------|----------|-----|-------|-----|-----|--|--|--|-------------------------------------|--|-----|-----|-----|-----|--|--|--|---|--|-----|-----|-----|-----|--|--|--|---------------------------|--|-----|-------|-----|-------|--|--|--|--|--|-----|------|-----|------|--|--|--|--|--|-----|--------|-----|--------|--|--|--|---|--|-----|-----|-----|----|--|--|--|--|--|-----|-----|-----|-----|--|--|--|---|--|-----|-----|-----|-----|--|--|--|--|--|---------------------------|-------|-----|-----|--|--|--|---|--|---------------------------|-------|-----|-----|--|--|--|--|--|-------------------|-----|-----|-----|--------|--|--|------------------|--|-----|-----|-----|-----|--|--|--|--|--|-----|-----|-----|-----|--|--|--|--------------------------|--|-----|-------|-----|-------|--|--|--|---|--|-----|-----|-----|----|--|--|--|----------------------------------|--|-----|-------|-----|-----|--|--|--|------------------------------------|--|-----|-------|-----|-----|--|--|--|--------------------------------|--|-----|-----|-----|-----|--|--|--|------------------|--|-----|-----|-----|-----|--|--|--|-----------------|--|-----|-----|-----|-----|--|--|--|-------------------------------|--|-----|----|-----|----|--|--|--|---|--|-----|-----|-----|-----|--|--|--|---|--|-----|----|-----|----|--|--|--|--|--|-----|-----|-----|-----|--|--|--|---|--|-----|-----|-----|-----|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|-------------------|--|--|--|----------------------------------|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to.</p> <p>Deposit Account Number: <u>04-1121</u></p> <p>Deposit Account Name: <u>Dilworth &amp; Barrese</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:<br/> <input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>  | <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Large Entity Fee Code (\$)</th> <th colspan="4">Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td><td></td><td></td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td><td></td><td></td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td><td></td><td></td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td><td></td><td></td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td><td></td><td></td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td><td></td><td></td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td><td></td><td></td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td></td><td></td><td></td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td></td><td></td><td></td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td></td><td></td><td></td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td></td><td></td><td></td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td></td><td></td><td></td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td></td><td></td><td></td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td></td><td></td><td></td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td><td></td><td></td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td><td></td><td></td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td><td></td><td></td><td></td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td></td><td></td><td></td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td></td><td></td><td></td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td><td></td><td></td><td></td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td><td></td><td></td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td><td></td><td></td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td></td><td></td><td></td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td><td></td><td></td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>760</td><td>246</td><td>380</td><td></td><td></td><td></td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>760</td><td>249</td><td>380</td><td></td><td></td><td></td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="9">Other fee (specify) _____</td></tr> <tr><td colspan="9">Other fee (specify) _____</td></tr> <tr> <td colspan="4">SUBTOTAL (1) (\$)</td> <td colspan="5">355.00</td> </tr> </tbody> </table> | Large Entity Fee Code (\$) |        |                                  |                            | Small Entity Fee Code (\$) |  |                 |                 | Fee Description | Fee Paid | 105 | 130 | 205 | 65 |  |  |                    | Surcharge - late filing fee or oath |     | 127 | 50  | 227 | 25 |  |  |                   | Surcharge - late provisional filing fee or cover sheet. |     | 139 | 130 | 139 | 130 |  |  |                  | Non-English specification |     | 147 | 2,520 | 147 | 2,520 |  |  |                    | For filing a request for reexamination |     | 112 | 920* | 112 | 920* |  |  |                        | Requesting publication of SIR prior to Examiner action |                   | 113 | 1,840* | 113 | 1,840* |  |  |  | Requesting publication of SIR after Examiner action |              | 115 | 110          | 215 | 55             |  |          |  | Extension for reply within first month |         | 116 | 380 | 216 | 190 |     |  |   | Extension for reply within second month |  | 117 | 870  | 217 | 435 |  |                    |  | Extension for reply within third month |  | 118   | 1,360 | 218 | 680 |                            |  |  | Extension for reply within fourth month |                            | 128 | 1,850 | 228 | 925             |     |    |     | Extension for reply within fifth month |  | 119 | 300 | 219                    | 150 |    |     |    | Notice of Appeal |  | 120 | 300                               | 220 | 150 |     |     |  | Filing a brief in support of an appeal |  | 121                                   | 260 | 221 | 130 |    |  |  | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 |  |  |  | Petition to institute a public use proceeding              |                   | 140 | 110 | 240 | 55   |  |  |  | Petition to revive - unavoidable   |                            | 141 | 1,210 | 241 | 605                        |  |  |  | Petition to revive - unintentional |          | 142 | 1,210 | 242 | 605 |  |  |  | Utility issue fee (or reissue)      |  | 143 | 430 | 243 | 215 |  |  |  | Design issue fee  |  | 144 | 580 | 244 | 290 |  |  |  | Plant issue fee           |  | 122 | 130   | 122 | 130   |  |  |  | Petitions to the Commissioner          |  | 123 | 50   | 123 | 50   |  |  |  | Petitions related to provisional applications          |  | 126 | 240    | 126 | 240    |  |  |  | Submission of Information Disclosure Stmt           |  | 581 | 40  | 581 | 40 |  |  |  | Recording each patent assignment per property (times number of properties) |  | 146 | 760 | 246 | 380 |  |  |  | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 760 | 249 | 380 |  |  |  | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |       |     |     |  |  |  |   |  | Other fee (specify) _____ |       |     |     |  |  |  |  |  | SUBTOTAL (1) (\$) |     |     |     | 355.00 |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| Large Entity Fee Code (\$)  |  |                            |        | Small Entity Fee Code (\$)       |                            |                            |  | Fee Description | Fee Paid        |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 105   | 130  | 205                        | 65     |                                  |                            |                            | Surcharge - late filing fee or oath  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 127   | 50   | 227                        | 25     |                                  |                            |                            | Surcharge - late provisional filing fee or cover sheet.                    |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 139   | 130  | 139                        | 130    |                                  |                            |                            | Non-English specification  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 147   | 2,520  | 147                        | 2,520  |                                  |                            |                            | For filing a request for reexamination                                     |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 112   | 920*   | 112                        | 920*   |                                  |                            |                            | Requesting publication of SIR prior to Examiner action                     |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 113   | 1,840*   | 113                        | 1,840* |                                  |                            |                            | Requesting publication of SIR after Examiner action                        |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 115   | 110  | 215                        | 55     |                                  |                            |                            | Extension for reply within first month                                     |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 116   | 380  | 216                        | 190    |                                  |                            |                            | Extension for reply within second month                                    |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 117   | 870  | 217                        | 435    |                                  |                            |                            | Extension for reply within third month                                     |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 118   | 1,360  | 218                        | 680    |                                  |                            |                            | Extension for reply within fourth month                                    |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 128   | 1,850  | 228                        | 925    |                                  |                            |                            | Extension for reply within fifth month                                     |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 119   | 300  | 219                        | 150    |                                  |                            |                            | Notice of Appeal   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 120   | 300  | 220                        | 150    |                                  |                            |                            | Filing a brief in support of an appeal                                     |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 121   | 260  | 221                        | 130    |                                  |                            |                            | Request for oral hearing   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 138   | 1,510  | 138                        | 1,510  |                                  |                            |                            | Petition to institute a public use proceeding                              |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 140   | 110  | 240                        | 55     |                                  |                            |                            | Petition to revive - unavoidable   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 141   | 1,210  | 241                        | 605    |                                  |                            |                            | Petition to revive - unintentional   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 142   | 1,210  | 242                        | 605    |                                  |                            |                            | Utility issue fee (or reissue)   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 143   | 430  | 243                        | 215    |                                  |                            |                            | Design issue fee   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 144   | 580  | 244                        | 290    |                                  |                            |                            | Plant issue fee  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 122   | 130  | 122                        | 130    |                                  |                            |                            | Petitions to the Commissioner  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 123   | 50   | 123                        | 50     |                                  |                            |                            | Petitions related to provisional applications                              |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 126   | 240  | 126                        | 240    |                                  |                            |                            | Submission of Information Disclosure Stmt                                  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 581   | 40   | 581                        | 40     |                                  |                            |                            | Recording each patent assignment per property (times number of properties) |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 146   | 760  | 246                        | 380    |                                  |                            |                            | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 149   | 760  | 249                        | 380    |                                  |                            |                            | For each additional invention to be examined (37 CFR 1.129(b))             |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| Other fee (specify) _____   |  |                            |        |                                  |                            |                            |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| Other fee (specify) _____   |  |                            |        |                                  |                            |                            |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| SUBTOTAL (1) (\$)   |  |                            |        | 355.00                           |                            |                            |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| <h3>1. BASIC FILING FEE</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Large Entity Fee Code (\$)</th> <th colspan="4">Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>760</td><td>201</td><td>380</td><td></td><td></td><td></td><td>Utility filing fee</td><td>\$355.00</td></tr> <tr><td>106</td><td>310</td><td>206</td><td>155</td><td></td><td></td><td></td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>480</td><td>207</td><td>240</td><td></td><td></td><td></td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>760</td><td>208</td><td>380</td><td></td><td></td><td></td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td></td><td></td><td></td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4">SUBTOTAL (1) (\$)</td> <td colspan="5">355.00</td> </tr> </tbody> </table> <h3>2. EXTRA CLAIM FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>-20** =</td> <td></td> <td>X</td> <td>\$9</td> <td>=</td> <td>\$0</td> <td></td> </tr> <tr> <td>1</td> <td>-3** =</td> <td></td> <td>X</td> <td>\$39</td> <td>=</td> <td>\$0</td> <td></td> </tr> <tr> <td colspan="2">Multiple Dependent</td> <td></td> <td></td> <td>\$130</td> <td>=</td> <td></td> <td></td> </tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Large Entity Fee Code (\$)</th> <th colspan="4">Small Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td></td><td></td><td></td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td></td><td></td><td></td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td></td><td></td><td></td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td></td><td></td><td></td><td>** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td></td><td></td><td></td><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="4">SUBTOTAL (2) (\$)</td> <td colspan="4">0.00</td> </tr> </tbody> </table> | Large Entity Fee Code (\$)   |                            |        |                                  | Small Entity Fee Code (\$) |                            |  |                 | Fee Description | Fee Paid        | 101      | 760 | 201 | 380 |    |  |  | Utility filing fee | \$355.00                            | 106 | 310 | 206 | 155 |    |  |  | Design filing fee |   | 107 | 480 | 207 | 240 |     |  |  | Plant filing fee |                           | 108 | 760 | 208   | 380 |       |  |  | Reissue filing fee |  | 114 | 150 | 214  | 75  |      |  |  | Provisional filing fee |  | SUBTOTAL (1) (\$) |     |        |     | 355.00 |  |  |  |   | Total Claims |     | Extra Claims |     | Fee from below |  | Fee Paid |  | 10                                     | -20** = |     | X   | \$9 | =   | \$0 |  | 1 | -3** =                                  |  | X   | \$39 | =   | \$0 |  | Multiple Dependent |  |  |  | \$130 | =     |     |     | Large Entity Fee Code (\$) |  |  |   | Small Entity Fee Code (\$) |     |       |     | Fee Description | 103 | 18 | 203 | 9                                      |  |     |     | Claims in excess of 20 | 102 | 78 | 202 | 39 |                  |  |     | Independent claims in excess of 3 | 104 | 260 | 204 | 130 |  |  |  | Multiple dependent claim, if not paid | 109 | 78  | 209 | 39 |  |  |                          | ** Reissue independent claims over original patent | 110 | 18    | 210 | 9     |  |  |  | ** Reissue claims in excess of 20 and over original patent | SUBTOTAL (2) (\$) |     |     |     | 0.00 |  |  |  | <h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Large Entity Fee Code (\$)</th> <th colspan="4">Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td><td></td><td></td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td><td></td><td></td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td><td></td><td></td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td><td></td><td></td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td><td></td><td></td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td><td></td><td></td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td><td></td><td></td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td></td><td></td><td></td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td></td><td></td><td></td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td></td><td></td><td></td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td></td><td></td><td></td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td></td><td></td><td></td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td></td><td></td><td></td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td></td><td></td><td></td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td><td></td><td></td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td><td></td><td></td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td><td></td><td></td><td></td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td></td><td></td><td></td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td></td><td></td><td></td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td><td></td><td></td><td></td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td><td></td><td></td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td><td></td><td></td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td></td><td></td><td></td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td><td></td><td></td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>760</td><td>246</td><td>380</td><td></td><td></td><td></td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>760</td><td>249</td><td>380</td><td></td><td></td><td></td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="9">Other fee (specify) _____</td></tr> <tr><td colspan="9">Other fee (specify) _____</td></tr> <tr> <td colspan="4">SUBTOTAL (3) (\$)</td> <td colspan="5">Reduced by Basic Filing Fee Paid</td> </tr> </tbody> </table> | Large Entity Fee Code (\$) |     |       |     | Small Entity Fee Code (\$) |  |  |  | Fee Description                    | Fee Paid | 105 | 130   | 205 | 65  |  |  |  | Surcharge - late filing fee or oath |  | 127 | 50  | 227 | 25  |  |  |  | Surcharge - late provisional filing fee or cover sheet. |  | 139 | 130 | 139 | 130 |  |  |  | Non-English specification |  | 147 | 2,520 | 147 | 2,520 |  |  |  | For filing a request for reexamination |  | 112 | 920* | 112 | 920* |  |  |  | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* |  |  |  | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 |  |  |  | Extension for reply within first month                                     |  | 116 | 380 | 216 | 190 |  |  |  | Extension for reply within second month                     |  | 117 | 870 | 217 | 435 |  |  |  | Extension for reply within third month                         |  | 118                       | 1,360 | 218 | 680 |  |  |  | Extension for reply within fourth month |  | 128                       | 1,850 | 228 | 925 |  |  |  | Extension for reply within fifth month |  | 119               | 300 | 219 | 150 |        |  |  | Notice of Appeal |  | 120 | 300 | 220 | 150 |  |  |  | Filing a brief in support of an appeal |  | 121 | 260 | 221 | 130 |  |  |  | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 |  |  |  | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 |  |  |  | Petition to revive - unavoidable |  | 141 | 1,210 | 241 | 605 |  |  |  | Petition to revive - unintentional |  | 142 | 1,210 | 242 | 605 |  |  |  | Utility issue fee (or reissue) |  | 143 | 430 | 243 | 215 |  |  |  | Design issue fee |  | 144 | 580 | 244 | 290 |  |  |  | Plant issue fee |  | 122 | 130 | 122 | 130 |  |  |  | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 |  |  |  | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 |  |  |  | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 |  |  |  | Recording each patent assignment per property (times number of properties) |  | 146 | 760 | 246 | 380 |  |  |  | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 760 | 249 | 380 |  |  |  | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  |  |  |  | SUBTOTAL (3) (\$) |  |  |  | Reduced by Basic Filing Fee Paid |  |  |  |  |
| Large Entity Fee Code (\$)  |  |                            |        | Small Entity Fee Code (\$)       |                            |                            |  | Fee Description | Fee Paid        |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 101   | 760  | 201                        | 380    |                                  |                            |                            | Utility filing fee   | \$355.00        |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 106   | 310  | 206                        | 155    |                                  |                            |                            | Design filing fee  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 107   | 480  | 207                        | 240    |                                  |                            |                            | Plant filing fee   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 108   | 760  | 208                        | 380    |                                  |                            |                            | Reissue filing fee   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 114   | 150  | 214                        | 75     |                                  |                            |                            | Provisional filing fee   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| SUBTOTAL (1) (\$)   |  |                            |        | 355.00                           |                            |                            |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| Total Claims  |  | Extra Claims               |        | Fee from below                   |                            | Fee Paid                   |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 10  | -20** =  |                            | X      | \$9                              | =                          | \$0                        |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 1   | -3** =   |                            | X      | \$39                             | =                          | \$0                        |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| Multiple Dependent  |  |                            |        | \$130                            | =                          |                            |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| Large Entity Fee Code (\$)  |  |                            |        | Small Entity Fee Code (\$)       |                            |                            |  | Fee Description |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 103   | 18   | 203                        | 9      |                                  |                            |                            | Claims in excess of 20   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 102   | 78   | 202                        | 39     |                                  |                            |                            | Independent claims in excess of 3  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 104   | 260  | 204                        | 130    |                                  |                            |                            | Multiple dependent claim, if not paid                                      |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 109   | 78   | 209                        | 39     |                                  |                            |                            | ** Reissue independent claims over original patent                         |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 110   | 18   | 210                        | 9      |                                  |                            |                            | ** Reissue claims in excess of 20 and over original patent                 |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| SUBTOTAL (2) (\$)   |  |                            |        | 0.00                             |                            |                            |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| Large Entity Fee Code (\$)  |  |                            |        | Small Entity Fee Code (\$)       |                            |                            |  | Fee Description | Fee Paid        |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 105   | 130  | 205                        | 65     |                                  |                            |                            | Surcharge - late filing fee or oath  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 127   | 50   | 227                        | 25     |                                  |                            |                            | Surcharge - late provisional filing fee or cover sheet.                    |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 139   | 130  | 139                        | 130    |                                  |                            |                            | Non-English specification  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 147   | 2,520  | 147                        | 2,520  |                                  |                            |                            | For filing a request for reexamination                                     |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 112   | 920*   | 112                        | 920*   |                                  |                            |                            | Requesting publication of SIR prior to Examiner action                     |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 113   | 1,840*   | 113                        | 1,840* |                                  |                            |                            | Requesting publication of SIR after Examiner action                        |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 115   | 110  | 215                        | 55     |                                  |                            |                            | Extension for reply within first month                                     |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 116   | 380  | 216                        | 190    |                                  |                            |                            | Extension for reply within second month                                    |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 117   | 870  | 217                        | 435    |                                  |                            |                            | Extension for reply within third month                                     |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 118   | 1,360  | 218                        | 680    |                                  |                            |                            | Extension for reply within fourth month                                    |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 128   | 1,850  | 228                        | 925    |                                  |                            |                            | Extension for reply within fifth month                                     |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 119   | 300  | 219                        | 150    |                                  |                            |                            | Notice of Appeal   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 120   | 300  | 220                        | 150    |                                  |                            |                            | Filing a brief in support of an appeal                                     |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 121   | 260  | 221                        | 130    |                                  |                            |                            | Request for oral hearing   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 138   | 1,510  | 138                        | 1,510  |                                  |                            |                            | Petition to institute a public use proceeding                              |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 140   | 110  | 240                        | 55     |                                  |                            |                            | Petition to revive - unavoidable   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 141   | 1,210  | 241                        | 605    |                                  |                            |                            | Petition to revive - unintentional   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 142   | 1,210  | 242                        | 605    |                                  |                            |                            | Utility issue fee (or reissue)   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 143   | 430  | 243                        | 215    |                                  |                            |                            | Design issue fee   |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 144   | 580  | 244                        | 290    |                                  |                            |                            | Plant issue fee  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 122   | 130  | 122                        | 130    |                                  |                            |                            | Petitions to the Commissioner  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 123   | 50   | 123                        | 50     |                                  |                            |                            | Petitions related to provisional applications                              |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 126   | 240  | 126                        | 240    |                                  |                            |                            | Submission of Information Disclosure Stmt                                  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 581   | 40   | 581                        | 40     |                                  |                            |                            | Recording each patent assignment per property (times number of properties) |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 146   | 760  | 246                        | 380    |                                  |                            |                            | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| 149   | 760  | 249                        | 380    |                                  |                            |                            | For each additional invention to be examined (37 CFR 1.129(b))             |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| Other fee (specify) _____   |  |                            |        |                                  |                            |                            |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| Other fee (specify) _____   |  |                            |        |                                  |                            |                            |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |
| SUBTOTAL (3) (\$)   |  |                            |        | Reduced by Basic Filing Fee Paid |                            |                            |  |                 |                 |                 |          |     |     |     |    |  |  |                    |                                     |     |     |     |     |    |  |  |                   |   |     |     |     |     |     |  |  |                  |                           |     |     |       |     |       |  |  |                    |  |     |     |      |     |      |  |  |                        |  |                   |     |        |     |        |  |  |  |   |              |     |              |     |                |  |          |  |  |         |     |     |     |     |     |  |   |   |  |     |      |     |     |  |                    |  |  |  |       |       |     |     |                            |  |  |   |                            |     |       |     |                 |     |    |     |  |  |     |     |                        |     |    |     |    |                  |  |     |                                   |     |     |     |     |  |  |  |                                       |     |     |     |    |  |  |                          |  |     |       |     |       |  |  |  |  |                   |     |     |     |      |  |  |  |  |                            |     |       |     |                            |  |  |  |                                    |          |     |       |     |     |  |  |  |                                     |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |                           |  |     |       |     |       |  |  |  |  |  |     |      |     |      |  |  |  |  |  |     |        |     |        |  |  |  |   |  |     |     |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |       |     |     |  |  |  |   |  |                           |       |     |     |  |  |  |  |  |                   |     |     |     |        |  |  |                  |  |     |     |     |     |  |  |  |  |  |     |     |     |     |  |  |  |                          |  |     |       |     |       |  |  |  |   |  |     |     |     |    |  |  |  |                                  |  |     |       |     |     |  |  |  |                                    |  |     |       |     |     |  |  |  |                                |  |     |     |     |     |  |  |  |                  |  |     |     |     |     |  |  |  |                 |  |     |     |     |     |  |  |  |                               |  |     |    |     |    |  |  |  |   |  |     |     |     |     |  |  |  |   |  |     |    |     |    |  |  |  |  |  |     |     |     |     |  |  |  |   |  |     |     |     |     |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |                   |  |  |  |                                  |  |  |  |  |

| SUBMITTED BY          |                               |      |           | Complete (if applicable) |         |
|-----------------------|-------------------------------|------|-----------|--------------------------|---------|
| Typed or Printed Name | Christopher G. Trainor        |      |           | Reg Number               | 39,517  |
| Signature             | <u>Christopher G. Trainor</u> | Date | 2/12/2001 | Deposit Account User ID  | 04-1121 |

CERTIFICATION UNDER 37 C.F.R. § 1.10 I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL76522270US addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Dated: February 12, 2001

Christopher G. Trainor  
Christopher G. Trainor